GOVERNMENT AND HERITAGE LIBRARY



Registration Form

Name: Last:	_ First:	Middle (Initial):
Home Address:		
City:	State: <u>NC</u> Zip Code:	
Home/Cell Phone No:	Home Email:	
Date of Birth:	How Do You Prefer to Receive Inform	mation About This Account?
	Email:	☐ Phone: ☐
Signature of Applicant (or Guardian if Under the Age of 16)		
State Employees: additional information required		
Work Mailing Address (MSC, if applicable):		
State Agency (If applicable):		
City:	_ State: <u>NC</u> Zip Code:	
Work Phone No:	Work Email Address:	
You may bring it in person to the State Library of North Carolina located at 109 E. Jones St., Raleigh, NC or email this completed form to: slnc.reference@ncdcr.gov . If possible, please pick up library cards in person. Questions: (919)814-6790		
For staff use only Library card can only be distributed once physical state issued ID is presented, per 07 NCAC 02H.0108.		
Presented state issued ID? Date: _	Staff Initials: _	
Library Card Number:		
☐ Entered by ☐ Em	ailed and/or Mailed by	dup